

into an area of excess fat, lipoma, gynecomastia or breast tissue through a small or existing wound at surgery. Then, the tube is passed back and forth through the excess tissue and the excess vacuumed out with approximately one atmosphere of negative pressure applied to the metal tube by means of stiff flexible tubing.

The technique is now in the armamentarium of most plastic and reconstructive surgeons, who have done special study to familiarize themselves with the procedure and its expected effects and the appropriate precautions. It is important, however, that physicians using it have backgrounds that provide a proper foundation for its application—which is not always the case.

Dr Hetter has gathered together an excellent assembly of authors with historic connection to the technique or explicit experience with it. The book is exceedingly well illustrated and is filled with cogent advice about how to protect one's patients from the risks of the procedure.

The philosophy, patient selection, anesthesia, techniques and follow-up care are all explicitly covered. In summary, this is an exhaustive, well-presented textbook on current applications of lipoplasty.

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MATTERS OF LIFE & DEATH: RISKS VS. BENEFITS OF MEDICAL CARE—Eugene D. Robin, MD, Professor of Medicine, Stanford University School of Medicine, Stanford, California. Stanford Alumni Association, Stanford, CA 94305, 1984. 198 pages, \$9.95 (paperback).

This is a provocative book, directed to laymen and warning them of hazards they might encounter as part of medical care. It also will be of interest to physicians as it is aimed at structural problems in the medical industry rather than at incompetent physicians. It may cause patients to question their doctors more closely and to challenge medical recommendations—especially some diagnostic tests. It will provoke some physicians to reexamine assumptions they have been making. It is a plea for more science in medicine. Parts of the book are excellent but, because of serious flaws, I would not recommend it to the public—the audience at which it is aimed.

The most serious flaw in the book is the author's disdain for preventive medicine. In several places, he states or implies that the general public should "avoid doctors and hospitals unless seriously ill." This advice might have been appropriate 50 years ago, but the great strides in preventive medicine in recent years make the advice obsolete and potentially harmful. Robin is especially critical of screening tests which "make patients out of well people." His main argument is that few such tests have been scientifically evaluated from the risk-benefit standpoint, and that false positive tests subject many people to needless worry, diagnostic risks and expense. He is not at all impressed by the great decline in mortality from cervical cancer since the Pap test was introduced, or the decline in mortality from heart disease since its major risk factors have been discovered. He even rejects screening for glaucoma and hypertension but recommends that people take their own blood pressure at booths in supermarkets!

One must agree with Robin when he charges overuse of diagnostic tests in offices and hospitals and deplors risky diagnostic procedures that are sometimes done in situations where their results cannot possibly provide any benefit to the patient, but he does not seem to understand the major reason for this overuse. He attributes it to making the physician feel more comfortable (from both a diagnostic and legal standpoint) rather than to benefit the patient. The most important reason for this overuse may instead be attributed to the idea he is emphasizing—to put more science into medicine. It is the desire on the part of most physicians to practice scientific medicine rather than to rely just on history, physical examination and their own judgment. Medical schools, in an effort to combat the widespread practice of just treating symptoms, have stressed the importance of obtaining objective data and reaching a firm diagnosis before starting treatment. It is this demand for objective data and the desire for definitive diagnoses that leads to most of the overuse. This drive for objective data and definitive diagnoses has been only partly successful: Robin points out that of all patients admitted to hospitals without a diagnosis, only about 65% will have a definitive diagnosis at discharge.

Overuse of tests is largely a "disease" which has resulted from treatment of another problem.

Robin's use of examples is often appropriate, but some bad examples cast doubt on his complaints. For instance, when he complains that risky diagnostic procedures were used in patients with cytomegalovirus disease, pericardial heart disease, Alzheimer's disease and herpes encephalitis without a possibility of benefit to the patient, he is using hindsight to condemn the procedures. The diagnoses had not been firmly established when the tests were done. The tests might have identified medically treatable diseases.

The best chapters are the ones on treatment of the terminally ill and the aged, on unnecessary surgery and on the doctor as God. He condemns doctors who keep terminally ill patients alive as long as possible or who refuse to fully treat some patients because of their own convictions. He argues that the wishes of the patient or family or both should be paramount in such situations. Although Robin correctly argues that the God-like relationship between patient and doctor is more likely to be harmful than beneficial, he fails to recognize that it is the great disparity in knowledge between the two that leads to this relationship.

Robin's main prescription for what ails medicine is more and better controlled clinical trials. He rejects some of the commonly believed medical tenets on the grounds that they have not been subjected to such studies. He glosses over the fact that such studies are usually so very expensive that they must be sponsored by a major drug company or the government, so few are done. He has no suggestions as to where the money will come from to conduct all the studies he demands.

There is an intellectual paradox in the book: it discourages patients from participating in medical experiments unless they are likely to benefit directly, yet at the same time it demands more and better clinical trials. Many clinical trials must have the patients randomly assigned to treatment and control groups. In double-blind trials, neither the doctor nor the patient can know whether or not there is a chance for benefit to the individual patient. Some clinical trials require healthy persons as controls. Self-selection by the patients into one group or another, or refusal by many to participate, may well introduce biases into a study which will destroy the usable scientific results demanded by Robin.

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MNEMONICS, RHETORIC AND POETICS FOR MEDICS—Volume II—Robert L. Bloomfield, MD, and Carolyn F. Pedley, MD, Department of Medicine, Bowman Gray School of Medicine, Wake Forest University, Winston-Salem, NC. Harbinger Press, PO Box 17201, Winston-Salem, NC 27116, 1984. 165 pages (softbound), no price given.

How does the overworked medical student, the stressed resident or the pushed practitioner spell RELIEF? Is it possible to cram into one brain the causes of impotence, the diseases of anterior pituitary hormone hypersecretion and the factors predisposing to thromboembolism?

Well, practitioners, here's the book you've been waiting for for these last two years: *MRPM* is back. Unlike Rocky II, Jaws II, Friday the 13th-II, this opus can and should be taken both seriously and in jest.

Bloomfield and Pedley are not a vaudeville team but two delightfully clever, capable physicians who tickle us with mnemonics and acrostics that both teach and entertain. In 162 carefully pruned pages, we find out the secrets for remembering clinical data from the cardiovascular system to pulmonary; from neurology to hematology. It culminates with readers' contributions and is further sprinkled with cartoons, fascinating facts (What's a theriac?) and fine, witty quotes.

I used volume I in teaching and it was an effective, well-accepted, antidote to the stomach cramps and muscle spasms that so often accompany sick, miserable puns and poor jokes.

MRPM-I was dandy and if you like crossword puzzles or Trivial Pursuit, *MRPM-II* will be how you spell RELIEF.

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